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CONFIRMATION NO. 8562

|   |   |                               |   |                                      |
|---|---|-------------------------------|---|--------------------------------------|
| <b>SERIAL NUMBER</b><br>10/595,388  | <b>FILING OR 371(c) DATE</b><br>09/02/2008<br><b>RULE</b>   | <b>CLASS</b><br>514           | <b>GROUP ART UNIT</b><br>1642   | <b>ATTORNEY DOCKET NO.</b><br>134-03 |
| <b>APPLICANTS</b><br>Paul Frederic Robbins, Potomac, MD;<br>Steven Aaron Rosenberg, Potomac, MD;<br>Cristina Maccalli, Milan, ITALY;  |   |                               |   |                                      |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/EP2004/012087 10/15/2004<br>which claims benefit of 60/512,040 10/15/2003   |   |                               |   |                                      |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                               |   |                                      |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 09/01/2009</b>  |   |                               |   |                                      |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>MD | <b>SHEETS DRAWING</b><br>9  | <b>TOTAL CLAIMS</b><br>21            |
| <b>INDEPENDENT CLAIMS</b><br>1  |   |                               |   |                                      |
| <b>ADDRESS</b><br>23713   |   |                               |   |                                      |
| <b>TITLE</b><br>Colorectal Cancer Antigen   |   |                               |   |                                      |
| <b>FILING FEE RECEIVED</b><br>1080  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                      |